

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of New York

Case number (If known): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

 Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Bay Ridge Chiropractic Healthcare P.C.

2. All other names debtor used in the last 8 years

Bay Ridge Holistic Healthcare

Include any assumed names,
trade names, and *doing business*
as names

3. Debtor's federal Employer Identification Number (EIN)

27-1539238

4. Debtor's address

Principal place of business

1255 Paterson Plank Rd.

Number Street

Mailing address, if different from principal place of business

Number Street

Secaucus	NJ	07094
City	State	ZIP Code

P.O. Box

City State ZIP Code

Hudson County
County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

<https://www.thebrooklynchiropractor.com/>

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

Debtor	Bay Ridge Chiropractic Healthcare P.C.		Case number (<i>if known</i>) _____
	Name _____		

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

Railroad (as defined in 11 U.S.C. § 101(44))

Stockbroker (as defined in 11 U.S.C. § 101(53A))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

Clearing Bank (as defined in 11 U.S.C. § 781(3))

None of the above

B. Check all that apply:

Tax-exempt entity (as described in 26 U.S.C. § 501)

Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)

Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

621310

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

Chapter 7

Chapter 9

Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

A plan is being filed with this petition.

Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.

The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes. Debtor _____ Relationship _____

District _____ When _____ MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Case number, if known _____

Debtor Bay Ridge Chiropractic Healthcare P.C. _____ Case number (*if known*) _____
 Name _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
 Number _____ Street _____

 City _____ State _____ ZIP Code _____

Is the property insured?
 No
 Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.
 After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated assets

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor Name	Bay Ridge Chiropractic Healthcare P.C.	Case number (<i>if known</i>)	
16. Estimated liabilities	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input checked="" type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/20/2019
MM / DD / YYYY

/s/ Carey Skorski

Signature of authorized representative of debtor

Carey Skorski

Printed name

Title President

18. Signature of attorney

/s/ Julie Curley

Signature of attorney for debtor

Date 06/20/2019

MM / DD / YYYY

Julie Curley

Printed name

Kirby Aisner & Curley LLP

Firm name

700 Post Road Suite 237

Number Street

Scarsdale

City

NY

10583

State

ZIP Code

(914) 401-9500

Contact phone

jcurley@kacllp.com

Email address

4325494

Bar number

NY

State

United States Bankruptcy Court

IN RE:

Case No. _____

Bay Ridge Chiropractic Healthcare P.C.

Chapter 7 _____

LIST OF EQUITY SECURITY HOLDERS

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Carey Skorski 141 Columbia Ave, Jersey City, NJ 07307	100	

Fill in this information to identify the case:

Debtor name	Bay Ridge Chiropractic Healthcare P.C.
United States Bankruptcy Court for the:	Eastern District of New York
Case number (If known):	(State)

Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*

\$ 0.00

1b. Total personal property:Copy line 91A from *Schedule A/B*

\$ 22,000.00

1c. Total of all property:Copy line 92 from *Schedule A/B*

\$ 22,000.00

Part 2: Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 627,040.40

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 320,465.90

4. Total liabilities

Lines 2 + 3a + 3b

\$ 947,506.30

Fill in this information to identify the case:

Debtor name Bay Ridge Chiropractic Healthcare P.C.

United States Bankruptcy Court for the: Eastern District of New York

Case number (If known): _____

Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
--	------------------------------------

2. Cash on hand\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. Spencer Savings Bank	Checking	0 7 9 8	\$ <u>0.00</u>
3.2. See continuation sheet		— — — —	\$ <u>0.00</u>

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 0.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

No. Go to Part 3.
 Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit 7.1. Security Deposit with Landlord (Possibly applied to arrears)	\$ <u>Unknown</u>
7.2. _____	\$ _____

Debtor Bay Ridge Chiropractic Healthcare P.C. _____ Case number (if known) _____
 Name _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
 8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less:	<u>30,000.00</u>	- <u>30,000.00</u>	= →	\$ <u>0.00</u>
	face amount	doubtful or uncollectible accounts		
11b. Over 90 days old:	<u>10,000.00</u>	- <u>10,000.00</u>	= →	\$ <u>0.00</u>
	face amount	doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 0.00

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.

Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____	_____	\$ _____
14.2. _____	_____	\$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____	_____ %	_____	\$ _____
15.2. _____	_____ %	_____	\$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____	_____	\$ _____
16.2. _____	_____	\$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____ Case number (if known) _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

_____ MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

_____ MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

_____ MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

Nutritional supplies: NutraWest, Isagenix, Standard p_____ MM / DD / YYYY \$ _____ \$ _____ 1,000.00

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ 1,000.00

24. Is any of the property listed in Part 5 perishable?

No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____ Case number (*if known*) _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

No

Yes. Is any of the debtor's property stored at the cooperative?

No

Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

No

Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

No

Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

No

Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Miscellaneous office furniture for reception area, waiting room, exam room, 6 treatment rooms, 4 offices; tables, desks, chairs, TVs	\$ _____	_____	\$ 5,000.00
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software Computers; TVs; (2) Fujitsu scanners	\$ _____	_____	\$ 1,000.00
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$ 6,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

No

Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No

Yes

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____ Case number (*if known*) _____

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.
 Yes. Fill in the information below.

General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small>	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
---	---	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment
(excluding farm machinery and equipment)**

(7) chiropractic tables; (2) adjusting guns; (3) percussion units; traction unit; X-ray machine; MyoVision machine (surface EMG testing); Neuropulse heartrate variability testing

\$ _____	_____	\$ 15,000.00
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 15,000.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Debtor

Bay Ridge Chiropractic Healthcare P.C.

Name _____

Case number (if known) _____

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____		\$ _____
55.2		\$ _____		\$ _____
55.3		\$ _____		\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____		\$ _____
61. Internet domain names and websites Website: https://www.thebrooklynchiropractor.com ; Phone number: _____	\$ _____		Unknown \$ _____
62. Licenses, franchises, and royalties	\$ _____		\$ _____
63. Customer lists, mailing lists, or other compilations Patient List	\$ _____		0.00 \$ _____
64. Other intangibles, or intellectual property	\$ _____		\$ _____
65. Goodwill Goodwill	\$ _____		Unknown \$ _____
66. Total of Part 10.			0.00 \$ _____

Add lines 60 through 65. Copy the total to line 89.

Debtor Bay Ridge Chiropractic Healthcare P.C. _____ Case number (*if known*) _____
 Name _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ - Total face amount _____ = → doubtful or uncollectible amount _____ \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____ Tax year _____ \$ _____
 _____ Tax year _____ \$ _____
 _____ Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____
 Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____
 Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____
 _____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

_____ \$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No
 Yes

Debtor

Bay Ridge Chiropractic Healthcare P.C.

Name _____

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 0.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 0.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 1,000.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 6,000.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 15,000.00	
88. Real property. Copy line 56, Part 9. →	\$ 0.00	
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 22,000.00	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	22,000.00	\$ 22,000.00

Debtor 1

Bay Ridge Chiropractic Healthcare P.C.

First Name _____ Middle Name _____ Last Name _____

Case number (*if known*) _____**Continuation Sheet for Official Form 206 A/B****3) Checking, savings, money market, or financial brokerage accounts****Santander Business Checking** **Checking** **4318**
Checking Account**Balance:** 0.00**PNC Business Checking** **Checking** **5044**
Account**Balance:** 0.00**Chase Business Checking** **Checking** **0271**
Account**Balance:** 0.00

Fill in this information to identify the case:Debtor name Bay Ridge Chiropractic Healthcare P.C.United States Bankruptcy Court for the: Eastern District of New York

Case number (If known): _____

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**2.1 Creditor's name**

BB&T Commercial Equipment Capital Corp.

Describe debtor's property that is subject to a lien

Goods, Software and Equipment Financed

Column A**Amount of claim**

Do not deduct the value of collateral.

Column B**Value of collateral that supports this claim**

\$ Unknown

\$ 0.00

Creditor's mailing address2 Great Valley Parkway, Suite 300
Malvern, PA 19355**Creditor's email address, if known**Date debt was incurred 9/7/2017

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor,**Describe the lien**

Agreement you made

Is the creditor an insider or related party? No Yes**Is anyone else liable on this claim?** No Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

Contingent

Unliquidated

Disputed

2.2 Creditor's name

Carey Skorski

Describe debtor's property that is subject to a lien

Receivables

\$0.00

\$0.00

Creditor's mailing address141 Columbia Ave
Jersey City, NJ 07307**Creditor's email address, if known**Date debt was incurred 4/16/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Have you already specified the relative priority? No. Specify each creditor, including this creditor, and its relative priority.**Describe the lien**

Agreement you made

Is the creditor an insider or related party? No Yes**Is anyone else liable on this claim?** No Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

Contingent

Unliquidated

Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 627,040.40

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____ Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column A
Amount of claim**
Do not deduct the value of collateral.

**Column B
Value of collateral that supports this claim**

2.3 Creditor's name CHTC Company	Describe debtor's property that is subject to a lien All assets now owned or hereafter acquired	
Creditor's mailing address P.O. Box 2576 Springfield, IL 62708	\$0.00	\$0.00
Creditor's email address, if known _____		
Date debt was incurred 8/25/2016 Last 4 digits of account number _____	Describe the lien Agreement you made	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
2.4 Creditor's name CSC as Rep	Describe debtor's property that is subject to a lien All of the Debtor's goods, inventory, machinery, equipment, furniture and fixtures, A/R, Real Property Lease, Notes, Bills,	
Creditor's mailing address _____ _____	\$0.00	\$0.00
Creditor's email address, if known _____		
Date debt was incurred 10/22/2018 Last 4 digits of account number _____	Describe the lien Agreement you made	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Debtor Bay Ridge Chiropractic Healthcare P.C. **Case number (if known)** _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B

**Value of collateral
that supports this
claim**

2.5 Creditor's name CSC as Rep	Describe debtor's property that is subject to a lien All assets now owned or hereafter acquired \$0.00 \$0.00		
Creditor's mailing address <hr/> <hr/>			
Creditor's email address, if known <hr/>			
Date debt was incurred <u>4/1/2019</u> Last 4 digits of account number	Describe the lien <hr/>		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
2.6 Creditor's name CSC as Rep	Describe debtor's property that is subject to a lien All accounts, chattel paper, cash, deposit accounts, documents, equipment, general intangibles, instruments, inventory \$0.00 \$0.00		
Creditor's mailing address <hr/> <hr/>			
Creditor's email address, if known <hr/>			
Date debt was incurred _____ Last 4 digits of account number	Describe the lien <hr/>		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

Debtor

Bay Ridge Chiropractic Healthcare P.C.
Name

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.7 Creditor's name
EBP Partners LLC dba Everest Business Funding

Describe debtor's property that is subject to a lien

Future Receivables

\$62,523.84

\$0.00

Creditor's mailing address

8200 NW 52nd Terrace 2nd Floor
Miami, FL 33166

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Agreement you made

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.8 Creditor's name
EBP Partners LLC dba Everest Business Funding

Describe debtor's property that is subject to a lien

\$20,720.00

\$0.00

Creditor's mailing address

8200 NW 52nd Terrace 2nd Floor
Miami, FL 33166

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Debtor

Bay Ridge Chiropractic Healthcare P.C.
Name

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.9 Creditor's name <input type="text" value="Fox Capital Group"/>	Describe debtor's property that is subject to a lien <input type="text" value="Future Receivables"/>	
		<u>\$27,664.00</u> <u>\$0.00</u>
Creditor's mailing address <input type="text" value="1001 N. Federal HWY Ste 310"/> <input type="text" value="Hallandale, FL 33009"/>		
Creditor's email address, if known <input type="text"/>		
Date debt was incurred _____ Last 4 digits of account number _____		
Describe the lien <input type="text"/>		
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
2.10 Creditor's name <input type="text" value="Green Capital Funding LLC"/>	Describe debtor's property that is subject to a lien <input type="text" value="Future Receivables"/>	
		<u>\$36,356.00</u> <u>\$0.00</u>
Creditor's mailing address <input type="text" value="c/o Vadim Serebro Esq."/> <input type="text" value="55 Broadway, 3rd Floor, New York, NY 100"/>		
Creditor's email address, if known <input type="text"/>		
Date debt was incurred <u>3/25/19</u> Last 4 digits of account number _____		
Describe the lien <input type="text" value="Agreement you made"/>		
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

Debtor

Bay Ridge Chiropractic Healthcare P.C.
Name

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.11 Creditor's name
JPMorgan Chase Bank, NA

Describe debtor's property that is subject to a lien

All inventory, chattel paper, accounts, equipment, general intangibles

\$38,705.90

\$0.00

Creditor's mailing address

Collateral Mgmt Small Business
PO Box 6026 IL1-1145, Chicago, IL 60680-

Creditor's email address, if known

Date debt was incurred 9/11/2017

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Agreement you made

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.12 Creditor's name
Kash Capital

Describe debtor's property that is subject to a lien

All assets now owned or hereafter acquired

\$61,740.00

\$0.00

Creditor's mailing address

475 Northern Blvd
Ste 36, Great Neck, NY 11021

Creditor's email address, if known

Date debt was incurred 4/15/19

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Agreement you made

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____ Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column A
Amount of claim**
Do not deduct the value of collateral.

**Column B
Value of collateral that supports this claim**

2.13 Creditor's name Legend Funding	Describe debtor's property that is subject to a lien Future Receivables	
Creditor's mailing address 767 3rd Avenue, 32 Floor New York, NY 10017	\$3,000.00	\$0.00
Creditor's email address, if known _____		
Date debt was incurred _____ Last 4 digits of account number _____	Describe the lien _____	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.14 Creditor's name Merchant Advance	Describe debtor's property that is subject to a lien _____	
Creditor's mailing address c/o Joel Liberman 124 Grove Avenue/POB 356, Cedarhurst, N.Y. 11516	\$50,041.00	\$0.00
Creditor's email address, if known _____		
Date debt was incurred _____ Last 4 digits of account number _____	Describe the lien _____	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____ Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column A
Amount of claim**
Do not deduct the value of collateral.

**Column B
Value of collateral that supports this claim**

2.15 Creditor's name Navitas Credit Corp	Describe debtor's property that is subject to a lien Inv #430 Dated 4/3/18 & Inc #PC-4893 Dated 4/3/18	
Creditor's mailing address 111 Executive Center Drive Suite 102, Columbia, SC 29210	\$0.00 \$0.00	
Creditor's email address, if known _____		
Date debt was incurred <u>4/4/2018</u> Last 4 digits of account number _____	Describe the lien Agreement you made	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.16 Creditor's name Navitas Credit Corp.	Describe debtor's property that is subject to a lien (1) TS 3000 Wellness System with Accessories	
Creditor's mailing address 111 Executive Center Dr. Suite 102, Columbia, SC 29210	\$0.00 \$0.00	
Creditor's email address, if known _____		
Date debt was incurred <u>2/10/2017</u> Last 4 digits of account number _____	Describe the lien Agreement you made	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor

Bay Ridge Chiropractic Healthcare P.C.
Name

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.17 Creditor's name
NCMIC Finance Corporation

Describe debtor's property that is subject to a lien

(1) Back on Trac II; (1) Knee on Trac; (1) PMT-120 Desktop; (1) Standard Human Loop Set of 3; (1) Therapy Mat; (1) Long Paddle; (1) Giant Butterfly

\$26,153.00

\$0.00

Creditor's mailing address

14001 University Ave
Clive, IA 50325

Creditor's email address, if known

Date debt was incurred 10/12/2017

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Agreement you made

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

2.18 Creditor's name
On Deck Capital Inc.

Describe debtor's property that is subject to a lien

\$90,000.00

\$0.00

Creditor's mailing address

101 West Colfax Ave, 10th Floor
Denver, CO 80202

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Agreement you made

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

Debtor

Bay Ridge Chiropractic Healthcare P.C.
Name

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.19 Creditor's name
SPG Advance LLC

Describe debtor's property that is subject to a lien

Future Receivables

\$77,118.66 \$0.00

Creditor's mailing address

1221 McDonald Ave
11230

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Agreement you made

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.20 Creditor's name
Susquehanna Salt Lake, LLC

Describe debtor's property that is subject to a lien

Future Sale Proceeds

\$82,018.00 \$0.00

Creditor's mailing address

136 E. South Temple Ste 1400
Salt Lake City, UT 84111

Creditor's email address, if known

Date debt was incurred 12/10/2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Agreement you made

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Debtor

Bay Ridge Chiropractic Healthcare P.C.
Name

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.21 Creditor's name
U.S. Bank Equipment Finance

Describe debtor's property that is subject to a lien

! Pulse XL Pro; 1 Chair Pad; 1 Rocker; 1 10" Paddle; 1 Back on Trac II

\$40,000.00 \$0.00

Creditor's mailing address

1310 Madrid Street
Marshall, MN 56258

Creditor's email address, if known

Date debt was incurred 5/30/18

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines _____

Describe the lien

Agreement you made

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.22 Creditor's name
U.S. Bank Equipment Finance

Describe debtor's property that is subject to a lien

Chiropractic Xray Unit with Tubestand; DR System/Naomi C Package with Accessories

\$11,000.00 \$0.00

Creditor's mailing address

1310 Madrid Street
Marshall, MN 56258

Creditor's email address, if known

Date debt was incurred 10/14/2015

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines _____

Describe the lien

Agreement you made

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____ Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Lear Financial Corporation 146 Anton Road Wynnewood, PA, 19096	Line 2. <u>1</u>	_____
Nossom T. Abrams Esq. 30 Wall Street, 8th Floor New York, NY, 10005	Line 2. <u>9</u>	_____
Sandstone Funding LLC 106 Apple Street Ste 200C Eatontown, NJ, 07724	Line 2. <u>10</u>	_____
Stephen B. Eggren, PC PO Box 709598 Sandy, UT, 84070-9598	Line 2. <u>20</u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____

Fill in this information to identify the case:

Debtor Bay Ridge Chiropractic Healthcare P.C.
 United States Bankruptcy Court for the: Eastern District of New York
 Case number (If known)

Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	
	Check all that apply.	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	
	Check all that apply.	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	
	Check all that apply.	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Bay Ridge Chiropractic Healthcare P.C.
Name

Case number (if known)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address American Express PO Box 981537 El Paso, TX, 79998	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt
		\$ 50,252.35
	Date or dates debt was incurred	Is the claim subject to offset?
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Chase Ink PO Box 15298 Wilmington, DE, 19850-5298	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:
		\$ 14,604.33
	Date or dates debt was incurred	Is the claim subject to offset?
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address iHeart Media PO Box 419499 Boston, MA, 02241-9499	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Advertising
		\$ 6,150.00
	Date or dates debt was incurred	Is the claim subject to offset?
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address PNC Bank PO Box 747032 Pittsburgh, PA, 15274-7032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Line of Credit
		\$ 98,175.22
	Date or dates debt was incurred	Is the claim subject to offset?
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Santander Bank NA PO Box 841002 Boston, MA, 02284	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Line of Credit
		\$ 150,000.00
	Date or dates debt was incurred	Is the claim subject to offset?
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Spectrum Business 400 Atlantic St Stamford, CT, 06901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Internet/Phone
		\$ Unknown
	Date or dates debt was incurred	Is the claim subject to offset?
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Bay Ridge Chiropractic Healthcare P.C.
Name _____

Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷ _____	Nonpriority creditor's name and mailing address SPL Partners LLC 6807 11th Avenue Brooklyn, NY, 11219	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
		Basis for the claim: Rent arrears	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ⁸ _____	Nonpriority creditor's name and mailing address Stable Car Parking Inc 9201 4th Ave Brooklyn, NY, 11209	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,284.00
		Basis for the claim:	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. _____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim:	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. _____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim:	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. _____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim:	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Bay Ridge Chiropractic Healthcare P.C.

Name _____

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 0.00
5b. Total claims from Part 2	5b. +	\$ 320,465.90
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 320,465.90

Fill in this information to identify the case:

Debtor name Bay Ridge Chiropractic Healthcare P.C.
 United States Bankruptcy Court for the: Eastern District of New York
 Case number (If known): _____ Chapter 7

Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Patient Referral System Lessee</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Synchrony (Care Credit) PO Box 960061 Orlando, FL, 32896-0061</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>(1) Back on Trac II; (1) Knee on Trac; (1) PMT-120 Desktop; (1) Standard Human Loop Set of 3; (1) Therapy Mat; (1) Long Pad; (1)</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NCMIN Finance Corporation PO Box 4866 Des Moines, IA, 50305</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Goods, Software and Equipment Financed Lessee</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BB&T Commercial Equipment Capital 2 Great Valley Parkway; Suite 300 Malvern, PA, 19355</p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>D&A Solution & XRay Systems: Used Chiropractic XRay Unit with Fixed Tubestand</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>U.S. Bank Equipment Finance 1310 Madrid Street Marshall, MN, 56258</p>
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Misc Medical Equipment Pulse XL Pro Pulse Chair Pad Pulse Backer</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>U.S. Bank Equipment Finance 1310 Madrid Street Marshall, MN, 56258</p>

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____ Case number (*if known*) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TS 3000 Wellness System & Accessories Lessee</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Navitas Credit Corp. 201 Executive Center Dr. Suite 100 Columbia, SC, 29210</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Office Lease Lessee</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPL Partners LLC 6807 11th Avenue Brooklyn, NY, 11219</p>
2._____	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2._____	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2._____	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2._____	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2._____	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

Fill in this information to identify the case:Debtor name Bay Ridge Chiropractic Healthcare P.C.United States Bankruptcy Court for the: Eastern District of New York

Case number (if known): _____

 Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

<i>Column 1: Codebtor</i>		<i>Column 2: Creditor</i>	<i>Check all schedules that apply:</i>
		Name	
2.1	<u>A New You Chiropractic Healthcare PC</u> 1255 Paterson Plank Rd Secaucus, NJ, 07094	<u>Legend Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	<u>Carey Skorski</u> 141 Columbia Ave Jersey City, NJ, 07307	<u>Susquehanna Salt Lake, L</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	<u>Carey Skorski</u> 141 Columbia Ave Jersey City, NJ, 07307	<u>SPG Advance LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	<u>Carey Skorski</u> 141 Columbia Ave Jersey City, NJ, 07307	<u>Legend Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	<u>Carey Skorski</u> 141 Columbia Ave Jersey City, NJ, 07307	<u>Kash Capital</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	<u>Carey Skorski</u> 141 Columbia Ave Jersey City, NJ, 07307	<u>Green Capital Funding LL</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____ Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.7 <u>A New You Chiropractic</u>	A New You Chiropractic Healthcare PC 1255 Paterson Plank Rd Secaucus, NJ, 07094	<u>Fox Capital Group</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 <u>Carey Skorski</u>	Carey Skorski 141 Columbia Ave Jersey City, NJ, 07307	<u>Fox Capital Group</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 <u>Carey Skorski</u>	Carey Skorski 141 Columbia Ave Jersey City, NJ, 07307	<u>EBP Partners LLC dba E</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10 <u>Carey Skorski</u>	Carey Skorski 141 Columbia Ave Jersey City, NJ, 07307	<u>EBP Partners LLC dba E</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11 <u>Carey Skorski</u>	Carey Skorski 141 Columbia Ave Jersey City, NJ, 07307	<u>Merchant Advance</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12 <u>Carey Skorski</u>	Carey Skorski 141 Columbia Ave Jersey City, NJ, 07307	<u>On Deck Capital Inc.</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13 <u>Carey Skorski</u>	Carey Skorski 141 Columbia Ave Jersey City, NJ, 07307	<u>JPMorgan Chase Bank, N</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14 <u>Carey Skorski</u>	Carey Skorski 141 Columbia Ave Jersey City, NJ, 07307	<u>NCMIC Finance Corporat</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Bay Ridge Chiropractic Healthcare P.C.United States Bankruptcy Court for the: Eastern District of New York

Case number (If known): _____

Check if this is an
amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2019</u> <u>MM / DD / YYYY</u>	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>543,849.00</u>
For prior year:	From <u>01/01/2018</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2018</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>1,598,003.00</u>
For the year before that:	From <u>01/01/2017</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2017</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>1,634,627.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u> </u> <u>MM / DD / YYYY</u>	to	Filing date <u> </u>	\$ <u> </u>
For prior year:	From <u> </u> <u>MM / DD / YYYY</u>	to	<u> </u> <u>MM / DD / YYYY</u>	\$ <u> </u>
For the year before that:	From <u> </u> <u>MM / DD / YYYY</u>	to	<u> </u> <u>MM / DD / YYYY</u>	\$ <u> </u>

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____

Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>To be Provided</u> Creditor's name _____	_____	\$ <u>0.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.2. _____ Creditor's name _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <u>To be Provided</u> Insider's name _____	_____	\$ <u>0.00</u>	
Relationship to debtor			
4.2. _____ Insider's name _____	_____	\$ _____	
Relationship to debtor			

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. <u>Fox Capital Group</u> Creditor's name 1001 N. Federal HWY Ste 310 Hallandale, FL 33009	Froze Merchant Credit Card Processing	05/2019	\$ 0.00
5.2. <u>Green Capital Funding LLC</u> Creditor's name c/o Vadim Serebro Esq. 55 Broadway, 3rd Floor New York, NY 10006	Froze Chase bank accounts ending in 0271 & 5035	05/2019	\$ 0.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name			\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Fox Capital Group Inc. v. A New You Chiropractic Healthcare PC, et al.		Supreme Court of the State of New York	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Case number
1534/2019

Case title	Court or agency's name and address	Status of case
7.2. Merchant Advance v. Bay Ridge Chiropractic Healthcare PC	Supreme Court of the Stat of New York	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Case number
Kings County

508587/2019

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
<u>Custodian's name</u>	<u>Case title</u>	\$ <u> </u>
Case number	Name	
Date of order or assignment	<u> </u>	

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. <u>Recipient's name</u>		<u> </u>	\$ <u> </u>
Recipient's relationship to debtor			_____
9.2. <u>Recipient's name</u>	<u> </u> \$ <u> </u>		
Recipient's relationship to debtor			_____

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</small>	Date of loss	Value of property lost <small>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>
	<u> </u>	<u> </u>	\$ <u> </u>

Debtor _____
Name _____

Case number (if known) _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Corporate Turnaround Address 95 Route 17 Paramus, NJ 07652	\$7,000 Retainer \$2,000 (35% of settled debt)	4/2019	\$ _____

Email or website address
adam@corporateturnaround.com

Who made the payment, if not debtor?

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	Kirby Aisner & Curley LLP Address 700 Post Road Suite 237 Scarsdale, NY 10583		6/6/2019	\$ 7,335.00

Email or website address
jcurley@kacllp.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee _____			\$ _____

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. Fox Capital Group	Future Receipts	3/12/19	\$ 35,750.00

Address

1001 N. Federal HWY Ste 310
Hallandale, FL 33009

Relationship to debtor

None _____

Who received transfer?	Future Receivables	3/25/19	\$ 43,770.00
13.2. Green Capital Funding LLC			
Address			
One Evertrust Plaza Suite 1401 Jersey City, NJ 07302			

Relationship to debtor

None _____

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
14.1.	From _____ To _____
14.2.	From _____ To _____

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____

Case number (if known) _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?
- No. Go to Part 9.
- Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	Bay Ridge Holistic Healthcare Facility name 9201 4th Avenue Suite 400 Brooklyn, NY 11209	Chiropractic care, wellness, nutritional coaching Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 9201 4th Avenue, Suite 300, Brooklyn, NY 11209	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.2.	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
	Facility name	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
- Yes. State the nature of the information collected and retained. Healthcare

Does the debtor have a privacy policy about that information?

- No
- Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan _____

Employer identification number of the plan _____

EIN: _____

Has the plan been terminated?

- No
- Yes

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____

Case number (if known) _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. _____ Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____			<input type="checkbox"/> No <input type="checkbox"/> Yes

Address _____

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Extra Space Storage Name 201 64th Street Brooklyn, NY 11220		Filing cabinets, papers	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Address _____

Debtor Bay Ridge Chiropractic Healthcare P.C. _____ Case number (*if known*) _____
Name _____

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____			\$ _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

No
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name _____	EIN: _____ Dates business existed	From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. Name _____	EIN: _____ Dates business existed	From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. Name _____	EIN: _____ Dates business existed	From _____ To _____

Debtor Bay Ridge Chiropractic Healthcare P.C.
Name _____

Case number (*if known*) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Dates of service
26a.1. <u>Anthony Composto</u> Name 718-232-9822	From _____ To _____

Name and address	Dates of service
26a.2. _____ Name	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Dates of service
26b.1. _____ Name	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <u>Anthony Composto</u> Name 718-232-9822	

Debtor Bay Ridge Chiropractic Healthcare P.C. _____ Case number (*if known*) _____
Name _____

Name and address**If any books of account and records are unavailable, explain why**

26c.2.

Name _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address**

26d.1.

Name _____

Name and address

26d.2.

Name _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**_____

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name _____

Debtor Bay Ridge Chiropractic Healthcare P.C. _____ Case number (if known) _____
Name _____

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
_____	_____	\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Carey Skorski	141 Columbia Ave, Jersey City, NJ 07307	President	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

 No Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

 No Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Name _____	_____	_____	_____
Relationship to debtor			_____

Debtor Bay Ridge Chiropractic Healthcare P.C. _____ Case number (*if known*) _____
Name _____

Name and address of recipient

30.2

Name _____

Relationship to debtor**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?** No Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation**

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund? No Yes. Identify below.**Name of the pension fund****Employer Identification number of the pension fund**

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/20/2019
MM / DD / YYYY

 /s/ Carey Skorski

Printed name Carey Skorski

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

Debtor Name Bay Ridge Chiropractic Healthcare P.C. Case number (*if known*) _____

Continuation Sheet for Official Form 207

5) Repossessions, foreclosures, and returns

Merchant Advance	c/o Joel Liberman 124 Grove Avenue/POB 356, Cedarhurst, NY 11516	\$0.00	Froze AMEX Merchant credit card processing	05/2019
Green Capital Funding LLC	c/o Vadim Serebro Esq. 55 Broadway, 3rd Floor, New York, NY 10006	\$15,000.00	Seized Synchrony Financial (Care Credit) Account	05/2019

7) Legal Actions

Susquehanna Salt Lake, LLC v. Bay Ridge Chiropractic Healthcare PC, et alno

199907731

Collection

Third District Court of Sale Lake Couunty

Salt Lake Dept, State of Utah

Pending

13) Transfers not already listed on this statement

Transferee: Susquehanna Salt Lake LLC

136 E. South Temple Ste 1400, Salt Lake City, UT 84111

Date of Transfer: 12/6/2017

Description: Sale of Future Receivables

Value: \$597,333.00

Transferee: SPG Advance

1221 McDonald Ave, Brooklyn, NY 11230

Date of Transfer: 2/21/2019

Description: Purchase and Sale of Future Receivables

Value: \$109,425.00

Debtor Name Bay Ridge Chiropractic Healthcare P.C.

Case number (*if known*) _____

Continuation Sheet for Official Form 207

Transferee: Legend Funding

767 3rd Avenue, Floor 32, New York, NY 10017

Date of Transfer: 10/19/2018

Description: Purchase and Sale of Future Receivables

Value: \$37,800.00

Transferee: Kash Capital

475 Northern Blvd, Great Neck, NY 11021

Date of Transfer: 3/28/19

Description: Purchase and Sale of Future Receivables

Value: \$73,500.00

Transferee: EBF Partners LLC dba Everest Business Funding

8200 NW 52nd Terrace 2nd Floor, Miami, FL 33166

Date of Transfer: 1/9/2019

Description: Future Receipts

Value: \$126,040.00

Fill in this information to identify the case and this filing:

Debtor Name	Bay Ridge Chiropractic Healthcare P.C.
United States Bankruptcy Court for the:	<u>Eastern District of New York</u>
Case number (If known):	_____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

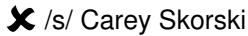
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/20/2019
MM / DD / YYYY

 /s/ Carey Skorski

Signature of individual signing on behalf of debtor

Carey Skorski

Printed name

President

Position or relationship to debtor

United States Bankruptcy Court
Eastern District of New York

In re: Bay Ridge Chiropractic Healthcare P.C.

Case No.

Chapter 7

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 06/20/2019

/s/ Carey Skorski

Signature of Individual signing on behalf of debtor

President

Position or relationship to debtor

A New You Chiropractic Healthcare PC
1255 Paterson Plank Rd
Secaucus, NJ 07094

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346

American Express
PO Box 981537
El Paso, TX 79998

JPMorgan Chase Bank, NA
Collateral Mgmt Small Business
PO Box 6026 IL1-1145
Chicago, IL 60680-6026

BB&T Commercial Equipment Capital
2 Great Valley Parkway; Suite 300
Malvern, PA 19355

Kash Capital
475 Northern Blvd
Ste 36
Great Neck, NY 11021

BB&T Commercial Equipment Capital Corp.
2 Great Valley Parkway, Suite 300
Malvern, PA 19355

Lear Financial Corporation
146 Anton Road
Wynnewood, PA 19096

CHTC Company
P.O. Box 2576
Springfield, IL 62708

Legend Funding
767 3rd Avenue, 32 Floor
New York, NY 10017

CSC as Rep

Carey Skorski
141 Columbia Ave
Jersey City, NJ 07307

Merchant Advance
c/o Joel Liberman
124 Grove Avenue/POB 356
Cedarhurst, NY 11516

Carey Skorski
141 Columbia Ave
Jersey City
NJ 07307

NCMIC Finance Corporation
14001 University Ave
Clive, IA 50325

Chase Ink
PO Box 15298
Wilmington, DE 19850-5298

NCMIN Finance Corporation
PO Box 4866
Des Moines, IA 50305

EBP Partners LLC dba Everest Business Funding
8200 NW 52nd Terrace 2nd Floor
Miami, FL 33166

NYS Dept. Taxation & Finance
Bankruptcy/ Special Procedures Section
P.O. Box 5300
Albany, NY 12205-0300

Fox Capital Group
1001 N. Federal HWY Ste 310
Hallandale, FL 33009

Navitas Credit Corp
111 Executive Center Drive
Suite 102
Columbia, SC 29210

Green Capital Funding LLC
c/o Vadim Serebro Esq.
55 Broadway, 3rd Floor
New York, NY 10006

Navitas Credit Corp.
111 Executive Center Dr.
Suite 102
Columbia, SC 29210

Navitas Credit Corp.
201 Executive Center Dr.
Suite 100
Columbia, SC 29210

Synchrony (Care Credit)
PO Box 960061
Orlando, FL 32896-0061

Nossom T. Abrams Esq.
30 Wall Street, 8th Floor
New York, NY 10005

U.S Bank Equipment Finance
1310 Madrid Street
Marshall, MN 56258

On Deck Capital Inc.
101 West Colfax Ave, 10th Floor
Denver, CO 80202

U.S. Bank Equipment Finance
1310 Madrid Street
Marshall, MN 56258

PNC Bank
PO Box 747032
Pittsburgh, PA 15274-7032

iHeart Media
PO Box 419499
Boston, MA 02241-9499

SPG Advance LLC
1221 McDonald Ave

SPL Partners LLC
6807 11th Avenue
Brooklyn, NY 11219

Sandstone Funding LLC
106 Apple Street Ste 200C
Eatontown, NJ 07724

Santander Bank NA
PO Box 841002
Boston, MA 02284

Spectrum Business
400 Atlantic St
Stamford, CT 06901

Stable Car Parking Inc
9201 4th Ave
Brooklyn, NY 11209

Stephen B. Elggren, PC
PO Box 709598
Sandy, UT 84070-9598

Susquehanna Salt Lake, LLC
136 E. South Temple Ste 1400
Salt Lake City, UT 84111

United States Bankruptcy Court

Eastern District of New York

In re Bay Ridge Chiropractic Healthcare P.C.

Case No. _____

Debtor

Chapter ⁷ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

- Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept	\$ 7,335.00
Prior to the filing of this statement I have received.....	\$ 7,335.00
Balance Due.....	\$ 0.00

RETAINER

For legal services, I have agreed to accept a retainer of	\$ _____
The undersigned shall bill against the retainer at an hourly rate of	\$ _____
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.	

- The source of the compensation paid to me was:

Debtor Other (specify)

- The source of compensation to be paid to me is:

Debtor Other (specify)

- I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

- In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

d. [Other provisions as needed]

1. Initial meeting with Client(s) to explain the Bankruptcy process;
2. Advise Client(s) concerning their obligations and duties under the Bankruptcy Code and Rules, applicable Court orders, and the provisions of their Chapter 7 Proceeding;
3. Preparation and filing of the documents required by Section 521 of the Bankruptcy Code, with Client(s)? assistance and input;
4. Preparation and filing the Voluntary Petition, Schedules of Assets and Liabilities, Statement of Financial Affairs, ?Means Test? and all other documents to be filed in the course of an ordinary Chapter 7 proceeding;
5. Attending the first Section 341(a) Meeting of Creditors with Client(s) (additional meetings based upon Client(s)? failure to appear or bring the required identification may be at an additional cost to Client(s));
6. Communicating with Client(s) after the Section 341(a) Meeting of Creditors;
7. Limited assistance to Client(s) in connection with Client(s)? response to any investigation by the Trustee, a creditor, or other interested party, of up to one (1) hour of billable time;
8. Monitoring the docket for issues related to discharge; and
9. Representation of Client(s)(including counseling) with respect to the reaffirmation, redemption, surrender, or retention of consumer goods or vehicles securing obligations to creditors.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

1. Preparation and filing of responses to all motions filed against the Client(s).
2. Representing the Client(s) in connection with an investigation by the Chapter 7 Trustee, any creditor, or any party in interest which requires more than one (1) hours? time.
3. Representing the Client(s) in connection with an F.R.B.P. Rule 2004 application, document response, and examination.
4. Representing the Client(s) in connection with a motion for relief from the automatic stay, whether litigated or resolved by agreement.
5. Representing the Client(s) in connection with a motion by the Chapter 7 Trustee seeking dismissal of the case.
6. Preparation and filing of all motions required to protect Client(s) interests, including Section 522(f) lien stripping motion, and/or Section 363 Sale motion;
7. Representing the Client(s) in a contested matter.
8. Representing the Client(s) in an Adversary Proceeding as Plaintiff or Defendant.
9. Representation of Client(s) in connection with a challenge to the Client(s) discharge and/or dischargeability of certain debts.
10. Representation of Client(s) with respect to defending objections to exemptions.
11. Representation of Client(s) in connection with a motion by a Trustee to reopen the case for the inclusion of newly discovered assets.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/20/2019

/s/ Julie Curley, 4325494

Date

Signature of Attorney

Kirby Aisner & Curley LLP

Name of law firm

700 Post Road
Suite 237
Scarsdale, NY 10583
jcurley@kacllp.com